



# QUARTERLY REPORT OF CONTRACTING WITH MINORITY AND WOMEN'S BUSINESS ENTERPRISES

State Form 45129 (R / 8-04)

Submit to:

DEPARTMENT OF ADMINISTRATION  
Minority and Women's Business Enterprises  
402 W. Washington St., Room W469  
Indianapolis, IN 46204

**INSTRUCTIONS: This form must be typed or word-processed and...**

1. Each agency must report **all** expenditures and disbursements originating in the agency.
2. Any agency with separate facilities may submit an individual report for each facility.
3. Each agency must report expenditures and disbursements **by minor object code and category**. Purchase orders should be reported when a P.O. number has been issued by the parent organization.
4. Completed reports are to be submitted **no later than 45 days** following the end of the quarter.

Name of reporting agency

Name of contact person

Quarter ☐ 1st (July-Sept) ☐ 3rd (Jan.-Mar.)  
☐ 2nd (Oct.-Dec.) ☐ 4th (Apr.-June)

Fiscal year

Date submitted

## SUMMARY OF MINORITY BUSINESS ENTERPRISE (MBE) CONTRACTING

SPECIAL DISBURSING OFFICER (SDO) (All disbursements made during report period)				CLAIM VOUCHERS (Vouchers transmitted to IDOA/Auditor during period)				PURCHASE ORDERS RELEASED (All P.O.'s issued during period)			
Total of all SDO's for period: \$				Total of all SDO's for period: \$				Total of all SDO's for period: \$			
Total MBE SDO's for period: \$				Total MBE SDO's for period: \$				Total MBE SDO's for period: \$			
Percentage with WBE firms: \$ %				Percentage with WBE firms: \$ %				Percentage with WBE firms: \$ %			
Percentage with MBE firms: %				Percentage with MBE firms: %				Percentage with MBE firms: %			
DETAILS				DETAILS				DETAILS			
MIN. OBJ.	ALL	MBE	WBE	MIN. OBJ.	ALL	MBE	WBE	MIN. OBJ.	ALL	MBE	WBE
				.1	\$	\$	\$	.1	\$	\$	\$
.2	\$	\$	\$	.2	\$	\$	\$	.2	\$	\$	\$
.3	\$	\$	\$	.3	\$	\$	\$	.3	\$	\$	\$
.4	\$	\$	\$	.4	\$	\$	\$	.4	\$	\$	\$
				.5	\$	\$	\$	.5	\$	\$	\$
Other	\$	\$	\$	Other	\$	\$	\$	Other	\$	\$	\$
Totals	\$	\$	\$	Totals	\$	\$	\$	Totals	\$	\$	\$
								GRAND TOTAL		\$	\$

## MINORITY BUSINESS SUBCONTRACTING ACTIVITY (MBE subcontracts on non-MBE prime contracts reported above)

Purchase Order Number	Prime Contractor	Value of Contract	Minority Business Enterprise firm	Subcontractor Amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
			Minority Subcontractor Totals	\$

DETAIL OF AGENCY'S MINORITY BUSINESS ENTERPRISE (MBE) PRIME CONTRACTING ACTIVITY				
NAME AND FULL ADDRESS OF COMPANY	ACCOUNTING MINOR OBJECT CODE	TYPE OF ACTIVITY	DESCRIPTION OF PURCHASE	VALUE OF PURCHASE
1.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
2.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
3.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
4.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
5.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
6.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
7.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
8		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
9.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
10.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
11.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
12.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
13.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
14.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
15.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
16.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
17.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$
18.		<input type="checkbox"/> S.D.O. <input type="checkbox"/> Voucher <input type="checkbox"/> P.O.		\$

CERTIFICATION		
This will certify that, to the best of my knowledge, the information contained herein is an accurate report of this agency's contracting activity, with Minority and Women's Business Enterprises, during the reporting period.	Signature of agency head	Date signed